

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23424  
STATE FILE NUMBER

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>			Length of stay in lb <b>1 hr</b>	d. STREET ADDRESS <b>1020 Francis</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mark</b> Middle <b>Anthony</b> Last <b>Hinton</b>				4. DATE OF DEATH <b>July 14 1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 14, 1957</b>		9. AGE (In years last birthday)	10. UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Mexico, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Blake Hinton</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Burchfield</b>		14. NAME OF HUSBAND OR WIFE <b>Child</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mr. Blake Hinton</b>		Address <b>1020 Francis Mexico, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Immaturity - 6 months gestation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Premature rupture membranes and</b> DUE TO (c) <b>premature delivery</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>7615</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> <b>2 days</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>7-14-57</b> to <b>7-14-57</b> and last saw her alive on <b>7-14-57</b> Death occurred at <b>5:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Ernest S. Youth MD</b> (Degree or title)				22b. ADDRESS <b>Mexico, Mo.</b>		22c. DATE SIGNED <b>7-15-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-15-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>		
24. FUNERAL DIRECTOR <b>Arnold Funeral Home</b>		ADDRESS <b>Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 15-1957</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Ray Miller*

Licensed Embalmer No. *4492*

P. O. Address *Medico Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.